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[No. 1.]

SUCCESSFUL OPERATION FOR CONTRACTION OF THE MUSCLES OF THE FACE,

*Producing extensive deviation of the right angle of the
Mouth.*

BY PROFESSOR PANCOAST.

Joseph W—, a lad 19 years of age, an apprentice of Mr. John Struthers, of Philadelphia, has been affected, since his infancy, with a contraction of the muscles of the face, represented in the accompanying cut; otherwise he is healthy and active. The cause of the disease is not positively known; the distortion of the face was, however, first noticed by his parents after his recovery from a severe attack of measles. The deformity, according to the report of his master, has been slowly but steadily on the increase. When his mouth is at rest, the left commissure of the lips is placed nearly under the corresponding nostril; the right commissure being carried outwards and upwards upon the cheek. In attempting to smile or speak, or simply open the mouth, the deformity becomes greater, the right commissure being carried farther outwards, and at the same time either upwards or downwards, according to the muscles of the side put in action, and raising concentric ridges upon the cheek. On the left side the cheek is flattened, and the patient is almost entirely without voluntary control over the muscles. On attempting to draw the mouth to the left side, some tremulous motion only is produced in the corner, while the muscles of the right side are thrown, by the effort, into strong contraction.



In a case of this description it would be difficult, from mere inspection of the parts, to say whether the deformity was owing to the paralysis of one set of

muscles, or to the excessive spastic action of those of the other side. Some unusual prominence obvious in the left eyeball, without other probable cause than a weakened action of the recti muscles, inclined me, however, to the latter opinion.

Under either view of the case, the patient could hardly fail to be benefitted by an operation, which, without producing any cutaneous wound, should so weaken the action of the muscles of the right side as to give those of the left a chance of gaining a relative increase of strength, and enable them to bring the mouth into its proper position.

June 9, 1842. I performed the following operation in the case at the clinic of the Jefferson Medical College. The patient was seated in a chair. On introducing my finger into the mouth, and causing him to attempt a smile, I found a roundish, rigid hardening of the muscles in three different directions—that of the buccinator—that of the zygomatici—and that of the depressor anguli oris. The orbicularis seemed also at fault, as it sunk the corner of the mouth inwards. Two subcutaneous incisions with a long and very narrow bistoury, straight on the edge, were made to divide these muscles. The knife was entered on the side of the mucous membrane, for the purpose of preventing the slight cicatrix, which might follow the puncture, from being visible. For the first incision, the knife was entered just above and in front of the entrance of the parotid duct, and pushed cautiously along the cutaneous surface of the mucous membrane in a direction parallel with the alveolar processes of the upper jaw, and for the extent of about two inches; the edge of the blade was then turned in front, and all the parts between the mucous membrane and skin divided as it was withdrawn. The zygomatic muscles gave way with a snap, and the buccinator was cut through the greater part of its origin from the upper jaw bone. The upper lip was pushed outwards with the thumb and finger, and the knife, turned forwards as upon a pivot, divided the orbicularis oris through to the epithelium of the lip, without increasing the size of the puncture at the place of its entry. Four muscles were thus divided at one incision, as well as a portion of the fibres of the levator muscles. Considerable hemorrhage followed the withdrawal of the knife, though precaution had been taken to compress the facial artery. The blood filling up the line of the cut, gave an increased fulness to the cheek; the bleeding quickly stopped of itself, but little taking place externally.

The knife was then introduced, in like manner, from the inner surface of the lower lip just within the commissure, and carried obliquely downwards towards the angle of the jaw, and made to divide, as it was withdrawn, all the parts between the skin and mucous membrane up to the covering of the lip, consisting of the lower edge of the buccinator, the hard and rounded depressor anguli oris, and the lower disk of the orbicularis—the movement of the point of the knife being obvious below the skin in its whole course as it was withdrawn. But little bleeding followed this incision. The mouth, as was apparent

to all the spectators, became immediately straight; nearly all power of motion over the right corner of the mouth was lost, while the patient regained considerable control over the left. A compress was secured with a nodose bandage over the facial artery. With a small silver hook in the left commissure, attached to a piece of ribbon, the mouth was drawn as far as possible to the left side, for the purpose of widening the subcutaneous incisions made on the right side, and allowing them to fill up with a thick stratum of lymph, which, after the closure of the wound, is to insulate the divided portions of the muscles. The first incision only was much painful; and the patient suffered afterward so little as to be unwilling to confine himself within doors.

June 10. The patient feels no other inconvenience from the operation than some slight soreness of the cheeks when touched. Some fulness of the cheek is still apparent, and a hardened rounded line of effused blood and lymph can be felt along the track of the incision. The nodose bandage was removed. The astringent application and the use of the hook still continued. The wounds at the places of puncture were scarcely obvious.

June 12. Finding the hook becoming painful, it was yesterday removed. The swelling and soreness of the cheek has almost entirely disappeared. On causing the patient to put into play the muscles of the right side of the face, it was found that none acted on the mouth, to produce deformity, but the middle undivided part of the buccinator, and the depressor labii inferioris of that side. A bistoury was introduced, as before, under the mucous membrane, and the middle part of the buccinator divided transversely, by a subcutaneous cut, about three-quarters of an inch from the commissure. The excessive traction of the corner of the mouth outwards at once ceased. The depressor still jerked the lip downward; but the division of it was deferred till the tenderness resulting from the former operations had ceased.

June 13. More pain and soreness has followed the last comparatively small incision than attended the two former ones; serving to show the propriety of making all the necessary subcutaneous incisions in such cases, when possible, at one sitting, or waiting till every shade of inflammatory action had subsided before making a second cut. The patient, however, walks about, and is able to resume his business.

July 1. Every trace of swelling and soreness is removed from the face. The patient, though not entirely cured, is very greatly improved in feature and expression. The mouth, when at rest, is perfectly straight. The muscles of the left side of the face have not regained much power, with the exception of the zygomatic, which act with considerable force. The muscles on the right side produce little more, when put in contraction, than their natural effect. His articulation is more distinct than before the operation; and the only obvious defect now existing, is that produced by the depressor labii inferioris.

A CASE OF DISLOCATION OF THE OS FEMORIS Into the Ischiatic Notch, in a Female.

BY WM. KEITH, M. D.

To the Editor of the Medical Examiner.

Not having had my attention particularly directed to the subject, I was somewhat surprised at the facts stated, in the last Examiner, in relation to the "in-

frequency of dislocations of the os femoris in the female;" and as I can furnish an instance of the kind, to add to the very small number on record, perhaps you will not deem me obtrusive in making the following brief statement.

While practising in the West not long since, I met with a case of luxation of the femur into the ischiatic notch. The patient was a female, in the fourth month of her pregnancy.

I had the satisfaction of reducing the dislocation in the presence of Drs. Mitchell, Ward, Morehead, and Bell, of Zanesville, Ohio.

Ten days after the accident, the lady was able to walk without the use of crutches, and in due season was happily delivered of a promising child.

Philadelphia, December 26th, 1843.

CLINICAL LECTURES AND REPORTS.

PHILADELPHIA HOSPITAL.

CLINIC OF THE JEFFERSON MEDICAL COLLEGE.

December 23, 1843.

BY PROFESSOR HUSTON.

CASE OF CANCRUM ORIS.

The first subject introduced was "cancrum oris," or gangrenous sore mouth of children. Several cases had recently occurred in the Institution, some of which had proved fatal. The lecturer dwelt on the great severity of the disease, and its insidious character—sometimes commencing as a little ulcer on the gum or the cheek, remaining stationary for weeks, and then suddenly enlarging and involving the gums, alveoli, and even the cheek, and running on rapidly to gangrene of the parts, and death of the patient. At other times beginning with a slight sponginess, and separation of the gum around one or more teeth, gradually destroying the periosteum of the tooth, and descending into the structure of the alveolar process of the jaw, ending in complete destruction of the parts.

A child was shown who had just recovered from an attack, under the judicious treatment of the house surgeon. Several of the temporary teeth were gone, and one rudimental tooth, together with a portion of the alveolar process of the upper jaw. The cause of the disease was referred to an enfeebled condition of the nutritive powers, such as is observed in children suffering under long continued irritation of the gastrointestinal canal, and in those of a strumous diathesis. The treatment advised was constitutional and local, viz.: to cleanse the primæ viæ, improve the habit by proper hygienic means, mild tonics and nutritious food. In the early stage of the disease, the ulcers should be touched with the nitrate of silver, but when the teeth are loose, they must be immediately removed, and also any necrosed portion of the jaw, and the parts freely bathed with some powerful astringent, as solution of the sulphate of copper or zinc, nitro-muriatic acid, &c.

PUERPERAL FEVER.

The uterus of a woman who had died of puerperal fever was next shown. She had been of a very feeble constitution, was attacked with the disease four days after confinement, and died twenty-four hours after.

The uterus was somewhat softer and more friable in its texture than usual; its peritoneal coat exhibited very unequivocal marks of inflammation; the fallopian tubes and ovaries were swollen and very dark coloured, and appeared to have been the chief seat of the disease. The lecturer referred to the remarks which he had recently made on the subject of puerperal fever, some of the points of which were illustrated by the present specimen.

LEUCORRHOEA.

He next called the attention of the class to the subject of leucorrhœa; and pointed out the symptoms, causes, and seat of the disease. He particularly dwelt on the importance of ascertaining whether the discharge proceeds from the vagina or the uterus. Vaginal leucorrhœa rarely interferes with the functions of the uterus; whereas the other form often supersedes the menstrual discharge, and very generally renders the individual sterile during its continuance. Vaginal leucorrhœa may be either acute or chronic. The acute form is readily cured by rest, low diet, and other antiphlogistic means. The chronic or subacute is more tedious and difficult to relieve; not unfrequently it depends upon faulty nutrition. It is best managed by hygienic means, as riding or sailing, change of air and food, tonics, together with a blister to the sacrum, and frequent injection into the vagina of such astringent washes as the solution of sulphate of alumina, copper, or nitrate of silver.

In *uterine* leucorrhœa astringent injections are not only useless but pernicious. The disease requires to be treated by alteratives, as mercury and iodine, counter-irritation, and a strict avoidance of sexual excitement. Occasionally, copaiba has been serviceable.

BY PROFESSOR DUNGLISON.

After some remarks on the great number of cases of asthenic pneumœnia in the wards at this season, on which the lecturer had dwelt at length on former occasions, he took up the subject of cerebral hemorrhage, and explained the phenomena presented by it; the pathological lesions, and the appropriate treatment; the remarks on the most common seat of the effusion being illustrated by a recent brain, which he dissected and demonstrated before the class.

HEMIPLEGIA.

A case of hemiplegia in a female, preceded by all the symptoms usually assigned to *ramollissement* of the brain was exhibited, in which it was inferred, from the deviation of the eyes and other reasons, that the optic lobes or some portion of the optic nerves was pressed upon by the effused blood. Another case of hemiplegia of shorter duration, also in a female, was shown, in which the loss of motive power was almost entire; sensibility being greatly impaired. The lecturer observed, that although general and local blood-letting and revellents might be of essential service, after the shock induced by the hemorrhage had passed away, with the view of preventing farther effusion, and causing the absorption of that which had already taken place, a period soon arrived at which no therapeutical agents were of any avail; and when it became necessary to trust wholly to the recuperative powers; and that as the clot was absorbed and the neurine recovered its powers, motion would be to a certain degree restored; but that in such cases, the neurine rarely attained its full powers. To illustrate this, a man was brought before the class who had been hemiplegic for upwards of two years, had been

subjected to every variety of treatment, and yet the loss of power over the muscles of the affected side was almost as great as at the time of the attack.

PERFORATED INTESTINE.

After concluding his remarks on cerebral hemorrhage, the morbid appearances presented in a case of perforation of the intestines were demonstrated. The patient—a female—had suffered for some time under diarrhœa, which had yielded to treatment; after this she left the wards, returning to them with profuse diarrhœa a short time before her death; but strong enough to be able to get out of bed and walk across the ward. She was attacked suddenly with symptoms of peritonitis, followed by decomposition of the features, rapid failure of the powers, and death; which led to the inference that perforation had occurred. The intestines were shown to be perforated in various places by ulceration; in one spot the peritoneal coat alone remained to prevent the contents of the bowels from escaping into the cavity of the peritoneum. Fæcal matter had passed through the ulcerations in considerable quantity into the cavity, and occasioned the fatal peritonitis.

The functional phenomena, which lead to the inference that perforation has occurred in any case, were explained.

An appearance presented by the fallopian tubes led to some comments. Near where the tube terminates in the uterus, a black tumour, of the size of a large marble, existed, which, when cut into, was found to be formed by a cyst filled with a dark coloured pigment. It was not clearly determined, whether this cyst was connected with the tube; but it appeared to be so; and it was suggested, whether this might not be a blighted ovum, which had been arrested at this point and given occasion to the alterations in question.

PLEUROPNEUMONIA.

The clinic was concluded with the explanation of the history and morbid appearances presented by a case of pleuropneumonia, which had proved fatal in the first stage of consolidation.

JEFFERSON MEDICAL COLLEGE.

CLINIC OF PROFESSOR MÜTTER.

December 6, 1843.

(Reported by H. T. Child.)

A CASE OF SEROUS ENCYSTED TUMOUR OF THE SUPERIOR MAXILLARY BONE.

A. B. aged about 13 years, of a fine constitution and good general health, about twelve months since perceived, for the first time, a distinct swelling of the upper maxillary bone, which gave him no pain, however, and hence caused no complaint. Since that period the swelling has continued to increase, until it now equals in size a hen's egg, and occasions the swelling of the face and also projects across the roof of the mouth. It is scarcely at all painful, and he seeks relief in consequence of the deformity, and also for fear of the disease becoming worse. When we press the tumour its walls *yield and crackle like parchment*, and as soon as the pressure is removed *return by their own elasticity to their original position*. Externally the surface is smooth, and no adhesions exist between it and the adjacent cheek. Its colour is *mottled*, being red in some spots, and greyish or

whitish in others. The alveolar process seems to be sound, and there is but one carious tooth on the side of the tumour.

The lymphatic glands in the neighbourhood are healthy, and in short there is no trace of any constitutional disturbance.

Remarks.—The case before us, gentlemen, is evidently one of those termed by Hawkins and others, "*serous encysted tumour*" of bone, which Dupuytren called "*fibro-cellular tumour of bone*," and to which the terms *Spina ventosa*, *Wind-ball*, *Egg-shell tumour*, &c., have been given by the older authorities.

Causes.—The causes of such growths are often obscure, but frequently they arise from blows and injuries of various kinds inflicted on the bones, giving rise to inflammation and its products, and when met with in the jaw may usually be traced to some disease of the *teeth or alveolar process*.

That disease of the roots of the teeth characterised by the growth of little cysts attached to the fang at the bottom of the alveolar process, and which are often removed along with the tooth, perfectly sound and entire, is especially the cause in many cases of the formation of a tumour of the kind under consideration. When the cyst is on the side of the fang, it often makes its way by progressive absorption through the bone to the gum, and there forms a tumour similar in shape, colour, and consistence, to a common parulis, and ultimately discharges spontaneously by ulceration or remains stationary for a length of time, producing more or less local inconvenience. If opened it often heals without difficulty; but occasionally it remains fistulous, discharging pus of a healthy character, and requiring for its cure the entire destruction of the cyst.

Where the disease commences in the alveolar process itself, the cyst either forms a tumour on the inner or outer surface of the gum, or takes a direction upwards (if in the superior maxillary bone,) until it reaches the antrum, and there either empties itself or gradually enlarging, gives rise to a tumour of large size—the walls of the antrum yielding from pressure until they become almost of the consistence of parchment. It is not improbable, too, that this form of tumour may originate in the establishment of certain entozoa in the cellular tissue of the bone. We must be careful, however, not to confound this tumour with that described by Sir C. Hawkins, as the "*hydatid encysted tumour*," in which the disease may be traced, in every instance, to the presence of hydatids.

Bones most liable to be attacked.—Although any of the bones may be attacked with this disease, some are much more liable than others. The *upper and lower jaw bones*, the *extremities of the long bones*, the *vertebræ*, and the *bones of the fingers and toes*, are of this class. The predisposition seems to be dependent, for the most part, on their higher degree of organization and the looseness of their tissue; for in no case does the disease *originate* in the compact texture of the bone.

Effects upon the bone.—The change in the structure of the bones attacked with this form of disease, is very interesting, though we cannot trace precisely the agents operating in the production of this change. It appears, however, that the cellular tissue first, and then the compact immediately around the cyst, are removed in part or entirely, by a process analogous to progressive absorption in other organs; but as the cyst reaches the outer laminae, nature, in order to protect herself from worse evils, deposits a smaller quantity of earthy matter than usual in the parts pressed upon; and thus the animal portion being in excess, the bone expands and becomes thinner and

thinner until it resembles parchment. Were it not for this provision, osteitis, caries, necrosis, or some malignant disease of the bone would result from the continued irritation kept up by the presence of the cyst.

Size and shape of the tumour.—These tumours vary much in shape and size: generally they are oval or round, occupy one side, or the entire circumference of a long bone, when these bones are attacked and are rigidly circumscribed; not spreading off into the surrounding parts, as tumours of a different character are wont to do. In size they vary from that of a garden pea to masses of several feet in diameter.

Age most liable.—We have no data upon which to found a statement here: I have seen the disease in children, adults, and old men; but so far as my own observation extends, it is much more frequently met with in young persons.

Symptoms.—The phenomena characteristic of serous encysted tumour of bone are modified by the location of the disease, its duration, size, and shape. But there are certain general symptoms by which its presence may usually be inferred. Where, for instance, we find a tumour *indolent in its character*, but *slightly if at all painful*, presenting no evidence of malignant action, smooth on the surface, elastic even when of small size, crackling under the pressure of the finger, circumscribed and occupying one side of a bone, or involving regularly its entire circumference, it is highly probable that it belongs to the serous encysted class.

Sometimes the tumour, when small, is firm and hard, like other osseous tumours.

Diagnosis.—This form of tumour has been, in consequence of its elasticity, confounded with medullary sarcoma, or fungus hematodes; but the crackling of the walls under pressure, together with the history of the case, and the general condition of the patient, will be sufficient to distinguish one from the other. It has also, in its early stages, been mistaken for exostosis. It has also been mistaken for "*osseous aneurism*," but the pulsation in the latter disease will be sufficient to indicate its presence. In all doubtful cases puncture or an attempt to puncture with a trochar or grooved needle, will give us its true character, and should be invariably had recourse to.

Prognosis.—When the disease is confined to a small bone or a cavity readily reached, as the antrum, where it is of a small size, and the cause producing it of such a nature as to be readily eradicated, the prognosis is favourable; for there is no reason to believe that the constitution is involved, or that there exists any local malignant action. But where the case is of long standing, the tumour deep seated, or very large, and the cause more or less permanent in its nature, the loss of the organ involved, the loss or disorder of an important function, or possibly the loss of life itself, may be the result.

Dissection.—When we examine this tumour carefully with the knife we find that it is composed of a thin shell of bony, fibrous, or cartilaginous matter, within which in some cases there exists a number of *spines of bone*, passing in every direction, either attached at both ends to the walls, or by one only, the other projecting into the centre of the cavity and hanging like a stalactite; in other cases there are none of these. These spines of bone divide the cavity into a series of cells, communicating with each other, lined by a delicate membrane, and filled with fluids of different kinds. For example, we may have a thin watery or slightly mucilaginous liquid, of a reddish, opaque, or yellowish hue, or it may be transparent; sometimes it is thicker, like jelly or steatomatous matter; again, it may be almost solid, looking like cheese, but easily separated from

the cyst. The soft parts covering the tumour are mostly condensed and thinned, or perhaps partially absorbed or displaced by the pressure, but we find in them no traces of disease.

Treatment.—Various methods of treatment have been proposed for the relief of this disease; some of these are harsh and cruel, while others have been feeble and inefficient.

The following are the general means now employed, to the exclusion of all others; but it is obvious that the *size*, *location*, and *nature* of the *contents* of the tumour must determine which of these plans is best adapted to the case.

1st. *Simple puncture of the cyst and the evacuation of its contents.* This operation will often succeed in removing the disease where the *tumour is small*, of *recent origin*, and *filled with thin fluid*, which is readily drawn off. I have in two or three cases, when the upper jaw was the seat of the disease, opened the cyst by the extraction of a tooth, or when it extended into the antrum, by puncturing this cavity with a small trochar. The swelling generally subsides in a few days and the patient recovers without the use of any other remedy.

2d. *Puncture followed by compression.* In small tumours, about the fingers or bones of the forearm, it is stated that the evacuation of the contents of the cyst, and then the compression of a bandage firmly applied, has answered a very good purpose. I have never tried this method myself, but from the fact that the walls of the cyst are flexible, am disposed to recommend its employment.

3d. *Puncture followed by the seton.* In obstinate cases where the fluid is secreted after each puncture, and when the tumour is tolerably large, a very good plan is to open it freely and then introduce a piece of lint which will act as a seton, and cause the secretion to change from a thin serum to healthy pus in a few days. Every day the lint must be removed, and the cyst washed out with some mild injection—warm water, or flaxseed tea will answer very well.

The walls of the tumour gradually contract under the influence of interstitial absorption, while the cavity is filled up, in part, by granulations. This method is exceedingly useful when the upper jaw is the seat of the disease.

4th. *Puncture followed by injection of stimulating fluids, breaking up the spines with a probe, the application of caustic, or the actual cautery.* These plans of treatment are only justifiable in cases of long standing, when all the other means have failed, and the lining membrane is so callous that it is necessary to destroy it entirely before healthy granulations can form. There is always great danger of necrosis of the adjacent bones, and sloughing of the neighbouring soft parts, from these powerful applications. Much benefit, however, occasionally results from the injection of *weak* solutions of sulphate of zinc or copper, or nitrate of silver where the lining membrane is more dense and callous than usual.

5th. *Opening the tumour, removing its semi-solid contents, destroying its surface, and pressure.* This operation is, of course, confined to one variety of the disease, and is always attended with the risk of exciting inflammation and all its consequences. I have known it succeed in one case, but I would much rather remove the whole tumour or amputate the limb, than resort to it again.

6th. *Excision of the tumour, or amputation of the limb on which it has formed.* Where the tumour is large, more or less solid, the adjacent bones diseased,

and the patient old or feeble, if any thing is done, the disease should be removed entirely, either by excision of the part attacked, or by amputation.

In the case before us, I shall first puncture the tumour in order to ascertain the character of its contents and then decide as to the subsequent course of treatment. I now introduce the trochar, and you perceive a few drops of gelatinous fluid, so viscid as scarcely to flow, escapes through the canula. From this circumstance and the large size of the tumour, I shall make a free opening into the antrum, so that the fluid may readily escape. I will first extract the diseased tooth, and probably its fang may reach the cavity of the cyst.

It does not, as you see. I will, therefore, take out the next which I find is also diseased, although I did not detect this before. I am firmly resisted here, and it seems that ankylosis has taken place between the tooth and the alveolar process: we will divide the process with the cutting forceps, in order to save the patient pain, and also be certain of opening the antrum. Now it comes away, and the contents of the tumour are discharged. We shall order warm flaxseed washes—keep the patient at home for a few days—restrict him to vegetable diet; and should inflammation supervene, leeches, purges, and the antiphlogistic plan of treatment will be employed. The result of the treatment will be reported to you.

Then were two cases of hernia. One of these occurring in a child about 4 years old, was double inguinal hernia, which distended the scrotum until it reached more than half way down to the knees, causing an immense enlargement of this sac. Professor M. remarked that as the hour had expired, he would not detain us any longer than to reduce the hernia—which was readily done—and apply the double truss. The other case—a brother of the last patient—had single hernia of the same variety, and also had the truss applied.

BIBLIOGRAPHICAL NOTICES.

Lectures on the Principles and Practice of Physic, delivered at King's College, London. By THOMAS WATSON, M. D., Fellow of the Royal College of Physicians, Physician to the Middlesex Hospital, and formerly Fellow of St. John's College, Cambridge. 8vo. pp. 92. Philadelphia: 1844.

Many of these Lectures were published in the *London Medical Gazette*, and were so well received, that the author issued a complete series of them during the last year, from which the greater part of the present volume has been reprinted. Some of them had already been laid before the profession in this country in the pages of different periodicals, and had acquired for the author no little celebrity as a practised observer and an accomplished teacher. We know not, indeed, of any work of the same size that contains a greater amount of interesting and useful matter. The author is evidently well acquainted with everything that appertains to the principles and practice of medicine, and has incorporated the stores of his well-stocked mind, in the work before us, so ably and so agreeably, that it is impossible for the interest of the reader to flag for a moment.

"They" [the lectures] "do not profess," says the author, "to present a formal and complete treatise on the Practice of Physic, much less to exhaust the various subjects upon which they touch. His chief hope is that they may prove useful as a text book for students."

That they are well adapted for such a purpose, all must admit; but their sphere of usefulness may extend much beyond this. We are satisfied, indeed, that no physician, well-read and observant as he may be, can rise from their perusal without having added largely to his stock of valuable information.

Where so many topics are discussed, it is not easy to now which to select; we shall therefore take one or two at random. On the subject of Malaria, the author adopts the true, we think, but by no means general, opinion—that it is not the product of vegetable decomposition.

"Where there is much heat and much moisture," he observes, "there we usually find also much and rank vegetation, and much vegetable dissolution and decay. The belief was as natural, therefore, as it has been general, that the putrefaction of vegetable matters was somehow or other requisite to the formation of the poison that exists so commonly in swampy situations. This belief has descended, almost unquestioned, from the time of Lancisi, and it obtains almost universal acceptance, I fancy, among physicians of the present day. Yet very strong facts have been adduced to show, that the decomposition of vegetable substances is only an accidental, though a frequent, *accompaniment* of the miasm, and not by any means an essential condition of its evolution. In the first place, the decomposition of vegetable matter goes on abundantly without the production of malaria. The rotting cabbage-leaves of Covent Garden, and those which taint the air of the streets from the neglected dust-holes of London, during the hot weather of summer, give rise to no ague. The same may be said of the putrefying and offensive seaweed, which is deposited in large quantities upon some very healthy parts of our sea-coast."

After adducing a number of facts to prove the converse that vegetation is not necessary, he concludes:

"Now these facts, and facts like these seem to prove that the malaria and the product of vegetable decomposition are two distinct things. They are often in company with each other, but they have no necessary connection."

These views are certainly corroborative of the communications which appeared in this Journal a short time ago, under the title of "Contributions to the History of Malaria."

On the contested subject of continued fever, as regards the separate and distinct diseases of typhoid and typhus, Dr. Watson is evidently of opinion that they are but different forms of adynamic fever; and he concludes, "upon the whole, that although an inflammatory state of the solitary and aggregate glands, which strew the surface of the mucous membrane of the alimentary canal, is not the essence of fever, yet that it is a very frequent companion of continued fever."

Principles of Forensic Medicine. By WILLIAM A. GUR, M. D., Professor of Forensic Medicine, King's College, London, Physician to King's College Hospital, &c. &c. Parts 1 and 2, pp. 391, 12mo. London, 1843. This will be an excellent compendium of medical

jurisprudence, judging from the two parts already published. The plan, adopted by the author in treating the several subjects, has been, as he states to begin with a short account of the existing provisions and requirements of the law, as relates to Great Britain, avoiding all unnecessary discussion as to the state of the law in former times, and in different countries. This is followed by a brief statement of the main medical questions arising out of the law, which are then investigated under distinct heads; practical rules for medico-legal examinations are appended, and the subjects are illustrated throughout by cases.

The parts already published contain the following subjects: Medical Evidence—Personal Identity—Age—Sex—Impotence—Rape—Pregnancy—Delivery—Fœticide—Infanticide—Legitimacy—Life Assurance—Feigned Diseases—Unsoundness of Mind—Persons Found Dead—Real and apparent Death—Sudden Death—Survivorship—Wounds—Death from Asphyxia—Drowning—Hanging—Strangulation—Suffocation—Death by the inhalation of poisonous gases—Lightning—Cold—Starvation.

The third part which will conclude the work, will treat of Toxicology. It will be published on the first of March, 1844.

THE MEDICAL EXAMINER.

PHILADELPHIA, JANUARY 13, 1844.

The professional engagements of the late Editor of this Journal, oblige him to relinquish his connection with it; a connection which, with a short intermission, has existed since the establishment of the Examiner, a period of six years. He trusts that the same patronage which has heretofore been so liberally extended to the Journal, will be continued to it under his successor.

In entering upon the duties of his new vocation, the Editor feels constrained to avoid all lengthened promises and exorbitant claims to professional confidence and support. The task has fallen upon him suddenly and unexpectedly; in the little time which has elapsed, however, he has succeeded in making such arrangements as will, he trusts, enable him to render the pages of the Examiner useful and interesting to all who may favour it with their patronage. The prospectus, issued by his predecessor, for the present year, is republished, slightly modified, on the cover of the present number, and to that he refers for information in regard to the general plan of the work; to what is therein stated, he now merely adds the expression of his determination to conduct it on broad and liberal principles, and on no account to admit anything to its columns which can be regarded as at all personal or unprofessional.

MEDICAL CLASSES.

Information from all parts of the country shows an unusually large attendance of Students at the various Medical Colleges, the present winter. This may be accounted for by the embarrassed condition of agriculture and commerce during the last few years, which has probably

induced more than the usual proportion of young men to look to the learned professions; and partly, perhaps, by the fact that many have been kept back by the general pecuniary distress which has prevailed, who now find means to avail themselves of the advantages of public lectures. At the two Schools in Philadelphia, the number of Students is greater than at any former season. The University of Pennsylvania has more than her average class, and the number at the Jefferson Medical College exceeds that of last year, by nearly one hundred.

INTRODUCTORY LECTURES.

The present has been a fruitful season of Introductory Lectures. Most if not all the schools of the country, village and metropolitan, have furnished their quota. As space is afforded, we shall notice those we have received, and occasionally take the liberty of making extracts from them, on subjects likely to interest our readers. The only one for which we have room in the present number is from the veteran Professor of Chemistry, in the University of Pennsylvania. It is entitled a "Lecture Introductory to a Course on Chemistry, in the University of Pennsylvania, delivered November 7th, 1843, by Robert Hare."

The following "remarks" will exhibit his opinion of "Liebig's physiological speculations."

"In these I conceive he has in various instances been bold, hasty, inconsiderate, and inaccurate, but still he has advanced many ingenious ideas which are likely to be highly servicable to physiological chemistry. He has on many occasions much merit in holding up ideas, before existing, in a new and popular form, as in suggesting such as are altogether original. Yet I would liken him to a military leader, who, after marching through a country, with drums beating and colours flying, should have his trumpets loudly sounded, as if a complete conquest had been effected, while leaving behind him many fortresses, of which the knowledge had prevented more cautious and considerate leaders from having previously undertaken the same expedition. Nevertheless, by these means the philosopher of Giessen has excited a degree of attention, in the great mass of physicians and agriculturists, which had never been gained, had he either deluded himself nor the readers of his essays with the prospect of an elucidation of the mysteries of animal and vegetable physiology, which it is beyond the present state of chemistry to afford. Moreover, the popularity which he has thus gained, may lead others to follow in the same path, who may rectify his errors and remedy some of his omissions without impairing what is really true in his doctrines.

"There can be no better exemplification of the errors to which Liebig is addicted, than his adoption of the following maxim. '*There are many ways to the highest pinnacle of a mountain, but those only can hope to reach it who keep the summit constantly in view.*' It must be evident to every person of any experience, in ascending mountains, that although it may be necessary to keep the bearing of the summit in mind, our eyes must be upon the path; and that, in most cases, the safest and easiest mode of access, causes the summit to be concealed for a time. A person who should implicitly follow Liebig's advice, would probably fall over some precipice, or tumble into some fissure which might escape notice while keeping the summit of the mountain constantly in view. Is not the fallacious rule of action above quoted, a good figurative illustration of a theorist,

who, keeping his mind too much upon some hypothetical acme, overlooks insurmountable objections which a close attention to facts would make evident? Has not Liebig exemplified his own course?" * * *

"One of the greatest services rendered by the author, whose opinions are under consideration is, as I think, in directing attention to the different offices performed by two classes of vegetable products which may be distinguished as nitrogenized and as devoid of nitrogen. All the various species of sugar, starch, gum, or mucilage, oil, fat, and gelatine, are represented as having a tendency rather to go to the support of the respiratory process, or to produce obesity; while the fibrin and albumen of flesh and blood are sustained by those portions of animal and vegetable food which contain nitrogen in nearly the same proportion as it exists in them. The greater vigour of a horse when fed on oats or maize, is in this way explained, by the greater proportion of matter contained in such grain, which is of a nature to compensate the wear of the muscles. * * *

"Highly worthy of consideration, also, are Liebig's suggestions respecting the services rendered by theine, a peculiarly highly nitrogenized principle, common both to tea and coffee. Liebig ingeniously shows that this principle requires only an addition of water and oxygen in order to convert it into taurine, an active principle of the bile. The extensive use of tea and coffee by civilized nations thus appears to have been the result of a sort of instinctive empirical research, leading to beneficial results, which physicians were heretofore unable to appreciate or explain. In fact, as food, coffee and tea were heretofore considered as almost valueless; but now it appears that they serve to furnish nitrogen in a more concentrated form to those whose indolent habits might be incompatible with the consumption of sufficient quantity of ordinary nutriment to obtain a requisite quantity of that element." * * *

"It seems to me rather unreasonable in Liebig to speak so boldly, as he is wont, respecting physiological phenomena, while making no effort to explain the part performed by electricity in regard to them. Is there not reason to suppose that he has been so much occupied by the analytical department, that he is not sufficiently aware of the difficulty of doing justice to the electro-chemical department of physiology?"

At the annual election of the Philadelphia Medical Society, held at their Hall, on Saturday the 6th instant, the following members were chosen officers for the ensuing year, viz:

Prof. R. M. HUSTON, M. D.,	President.
Benjamin H. Coates, M. D.	} Vice Presidents.
Prof. Samuel Jackson, M. D.	
John Wiltbank, M. D.,	Treasurer.
Joseph Warrington, M. D.	} Corresponding Secretaries.
Isaac Parrish, M. D.	
John J. Reese, M. D.,	Senior Recording Secretary.
D. Francis Condie, M. D.,	Orator.
Nathan D. Benedict, M. D.,	Librarian.
Aaron D. Chaloner, M. D.	} Curators.
Edmund Lang, M. D.	
JOB HAINES,	Junior Recording Secretary.

RECORD OF MEDICAL SCIENCE.

PATHOLOGY OF PHLEGMASIA DOLENS.

Discussion at the Royal Academy—Remarks.

At a recent *seance* of this learned body, M. Capuron read an elaborate report on a memoir by M. Droussard on the disease known by the name of Phlegmasia Alba Dolens, and in which the author has attempted to prove that it is generally, if not always, connected with an inflammation of the crural and other veins of the affected limb. The question, it will be seen, gave rise to much discussion and difference of opinion; some assenting to this view of the subject, and others expressing their decided dissent. The result of the whole seems to be, that there are different forms of the disease, and that these are most probably owing to the operation of different causes.

M. Breschet objected to the opinion, expressed in the report just read, that *phlegmasia alba dolens* is in all cases the result of an inflammation of the veins in the affected parts. According to his experience, the lymphatic vessels are usually as much implicated in the morbid process as the veins. The phenomena of genuine phlegmasia are certainly not the same as those of ordinary phlebitis; and this, among other reasons, he considered a strong argument against the opinion of M. Capuron.

M. Capuron, in reply, said that he had by no means denied that the lymphatic vessels may be inflamed in this disease; but only that they are not primarily and necessarily so.

M. Blandin:—"It has been long imagined that phlegmasia alba is a disease peculiar to women.—This is not strictly correct; for, although of much more frequent occurrence in females, it is certainly not peculiar to them. When the disease was first recognised and described, it seems to have been regarded as a mere form of œdema; but, in proportion as its phenomena and causes were more attentively studied, it was found that in some cases the veins, in others the lymphatic vessels, and in others still the nerves were in a more or less decided state of inflammation at the time:—this M. Dance shewed in his interesting memoir on the subject. Subsequently, however, it has been discovered that the inflammation of the veins and that of the nerves are not a necessary, but only of an occasional, coincidence in phlegmasia; and that the only essential pathological character of the disease is an inflammation of the absorbent vessels of the limb. We must admit, however, that the inflammation of the veins sometimes precedes that of the absorbents, and we are therefore obliged to dissent from the opinion of our colleague, M. Breschet, who seems to regard the last-named vessels as invariably the seat of the disease in question."

M. Velpeau:—"Twenty years ago, when I published my first observations on this disease, it was almost universally maintained that the pathological cause was an inflammation of the lymphatic vessels of the limb. In consequence of several post-mortem examinations, I felt convinced that the veins were often more or less affected, and I expressed this opinion publicly. About the same time, Dr. Davis came to nearly the same conclusions in England. I have had very many opportunities, since that time, of studying the diseases of the venous and lymphatic systems, and have treated not a few cases of phlegmasia alba, and I now feel assured of the truth of the

following two propositions: *first*, that the opinion of M. Dance and others, as to the nerves being in some cases inflamed, is utterly erroneous; and, *secondly*, that the disease is primarily seated in the lymphatic vessels of the thigh; that a phlebitis is not necessarily existent; and, when it is, that it is only of consecutive or secondary development. But while I say this, I must also distinctly state that, in all post-mortem examinations of the affected parts, both sets of vessels have been found more or less seriously diseased. The phenomena of the disease in its first stage tend much to show that it is rather an *angeio-leucitis* than a *phlebitis* that we have to deal with.—There is then a general engorgement of the limb, with patches here and there of diffused redness, and irregular uneven nuclei or nodules of tumefaction, which are not necessarily found along the *trajet* of the veins, as in genuine phlebitis. The constitutional symptoms, too, in proper phlegmasia dolens, are certainly not the same as in phlebitis; and it is only when both sets of vessels happen to be simultaneously implicated that we ever meet with the symptoms which denote the occurrence of purulent resorption and infection. In conclusion, I will briefly repeat my opinion that genuine phlegmasia alba dolens is attributable to an *angeioleucitis* or inflammation of the lymphatic vessels, accompanied with an inflammation of the adjacent cellular tissue, and occasionally also with inflammation of one or more of the veins of the limb."

M. Capuron here reminded the Academy that the opinion now expressed by the preceding speaker differs in almost every essential particular from that which he expressed not long ago, and pointed out the striking contradiction between M. Velpeau's present sentiments and those which he has published in his writings.

M. Cloquet:—"I agree with M. Blandin in the sentiment which he has expressed in his remarks, that phlegmasia alba is not necessarily or invariably met with in the female sex; as cases of it have unquestionably occurred, in my own practice, among youths and men. I have experienced no little difficulty in forming any exact or definite opinion as to the ætiology of this disease. If I were to trust exclusively to the results of the post-mortem examinations which I have made, I should indeed be utterly perplexed what to say; but, by having carefully watched the progress of many cases from their first stage, I have been enabled to form clearer and more accurate notions, as I think, on the subject under consideration. The result of my observation is that, as a general remark, the cellular tissue is primarily the seat of the œdematous swelling; that an inflammatory engorgement, accompanied with effusion, takes place at first; and that it is only consecutively that either the lymphatic vessels or the veins become affected. In my opinion we may regard phlegmasia alba as a specific exhalant inflammation of the cellular tissue, with or without an accompanying inflammation of the veins or lymphatic vessels of the part."

M. Moreau (the eminent obstetrical physician) took nearly the same view of the ætiology of phlegmasia alba as M. Cloquet. In his opinion, it is a specific disease which should not be confounded with an inflammation either of the absorbents or of the veins." "Phlebitis is always a serious, and often a most dangerous, disease; phlegmasia alba, when uncomplicated with other lesion, is comparatively mild

and innocuous. In proof that there is something special about the disease, we have only to bear in mind the circumstances which usually give rise to it. Is it not remarkable that often it does not occur for fifteen, eighteen, or twenty days after delivery, when the usual exciting causes of suppuration have entirely passed away? Does not this circumstance alone suffice to show that the disease depends most frequently on the neglect of certain precautions on the part of women who have been recently delivered? According to my own experience, it is generally owing to checked perspiration under such circumstances. At first there seems to be nothing but an indolent swelling, a simple engorgement; this, if not relieved, is apt to be followed by inflammation of the absorbents, and in some cases of the veins also. It is only when the last named lesion is present, that there is any cause for alarm as to the issue of the case. I should define the disease in its primary stage to be 'une véritable inflammation exhalante du tissu cellulaire.'"

M. Berard:—"I have listened with a great deal of pleasure to the remarks which have just been made by MM. Cloquet and Moreau; for I must frankly confess that I have never very clearly understood what part the alleged inflammation of the absorbents and veins has been supposed to act in the history of phlegmasia dolens. When the superficial absorbents of an extremity are really inflamed, the phenomena are usually sufficiently obvious to prevent any mistake in the diagnosis; and certainly these phenomena are not those generally exhibited by the disease in question.

With crural phlebitis, it might be more easy to reconcile the symptoms; for M. Bouillaud has shown that an adhesive inflammation of a vein is apt to be followed by œdematous swelling of the part and its neighbourhood, in consequence of the obstruction to the free return of the blood. But, notwithstanding this plausible explanation, I must confess that I am much more inclined to adopt the pathological views of MM. Cloquet and Moreau. There is a fact which, although not bearing directly on the subject under consideration, may not be undeserving of notice here; I allude to the tendency which exists in puerperal women to the formation of diffused abscesses."

M. Andral:—"The expression, phlegmasia alba dolens, is a very unfortunate one, and has tended not a little to keep up the obscurity that hangs over the subject: it is a complex term that embraces a variety of morbid alterations dissimilar from each other, and thus tends to perpetuate confusion. I agree with those gentlemen who have asserted that the disease is not confined (as alleged by M. Rochoux) to the female sex. I have seen unquestionable cases of it among men; but in them, as well as in women, always associated with a lesion of some of the pelvic viscera. I feel satisfied of the truth of this position, that wherever there is a phlegmasia dolens, we may at once suspect that there is something wrong within the pelvis. The 'point de depart' of the disease is an obstruction of the chief vein of the limb; this is the cause of the œdema.

"In every case which I have examined by dissection, I have found almost uniformly a correspondence between the lesion of the veins and some inflammatory process within the pelvis—the diagnosis of which, it must be confessed, is often exceedingly difficult during life.

"But I do not mean to assert that this complex disease is always, although certainly generally, dependent upon a mere obliterative phlebitis. Besides

the lesion of the veins, there may be a lesion of the absorbent vessels, and also of the cellular tissue. In women the disease is generally a result of delivery; in men, either of some morbid affection within the pelvis, or of an injury of the lower parts of the limb."

M. Gerardin expressed his surprise that none of the preceding speakers had alluded to the connexion that certainly exists between the occurrence of the disease, at least in puerperal women, and the state of the mammary secretion. It is acknowledged by all writers, that it is more frequent in those who do not suckle their children than in those who do; and the sudden suppression of the milk has often been known to be quickly followed by an attack of phlegmasia dolens, as well as by sudden effusions into the cavity of the chest, abdomen, or of some of the joints.

Now the diseased action, in both sets of cases, is nearly the same; in the one, the effusion takes place into a cavity, while in the other, it is into the subcutaneous cellular tissue. It is sometimes surprising to see with what rapidity such effusions are induced; their gradual increase may be watched from one hour to another. It is usually asserted that phlegmasia alba is of much more frequent occurrence in the lower than in the upper extremities. Now the very reverse seems to me to be the case. (We do not remember having ever met with any statement to this effect before.) It has also been said that the disease is seldom attended with any danger; but such an opinion must be received with due caution, as a sudden effusion may take place into one of the internal cavities, or into the sheaths of the blood-vessels, and prove fatal either rapidly, or by a slow wasting process.—*Gazette Medicale*.

Remarks.—The attentive reader cannot fail to have remarked the great and more than usual discrepancy of opinion among a set of eminent men, the members of one of the first medical societies of the age, as to the nature of a disease which is not of very unfrequent occurrence. We are told by one learned academician that the veins are the parts most affected; by another, that the lymphatic vessels are usually the seat of the morbid action; by a third, that both sets of vessels, and the nerves of the limb also, are always more or less inflamed; and by a fourth, that the disease is quite independent of all these parts, and is truly and essentially one of the cellular tissue. May we not, *à priori*, suspect from this very discordance of opinion, that the truth really lies, not in one nor in another of these doctrines, but in the *ensemble* of all put together; and that the disease in question does not uniformly or invariably commence in one part alone? Perhaps it might be said with more accuracy, that, under the name of phlegmasia dolens, different diseases, more or less dissimilar from each other, are grouped together as if they were all cognate affections.

For our own part, we are certainly inclined to think so, and we cannot express our surprise that so accurate and cautious a pathologist as M. Andral is, should regard an œdematous swelling of the thigh, supervening upon an injury of the foot or leg, as analogous with genuine phlegmasia dolens.

In studying this, as well as every other puerperal affection, we should never lose sight of the peculiar state of the constitution in which the morbid action is apt to occur; viz. within from one to three weeks after delivery.

The loss of blood, the exhaustion of nervous energy, the excitable state of mind, the secretion of the milk, and the systematic disturbance that so often accompanies it, the distension of the cellular tissue,

&c., are so many circumstances which must render the puerperal state different from each other, even among females themselves, and which stamp with a peculiar character the diseases that are then apt to occur. No experienced physician will ever lose sight of this most important consideration; and if it had been less neglected than it has been too often during the present century, we should have less cause to lament the not very creditable controversies on puerperal fever, and the melancholy loss of life that has (on some occasions at least) been the consequence.

We have little doubt, in our own minds, that in a large majority, if not in all, cases of genuine phlegmasia dolens, there is some affection of the uterus, cotemporaneous with the outward and visible one of the thigh. We generally find that there is a greater or less degree of tenderness in the corresponding iliac region, or even the pubes, at the commencement of the attack, and the lochial secretion is always more or less disturbed. That this uterine affection is of an inflammatory nature is more than probable; but then, be it remembered, the character of the inflammation has something unusual and special; it has, if we may so speak, a peculiar idiosyncrasy; and it is this very peculiar idiosyncrasy that makes all the difference—and a most important one it is—between such an œdema of the limb as may supervene upon an injury of the foot, and the proper phlegmasia dolens of puerperal women.

Now, although we confidently deny that phlegmasia alba is either a phlebitis, or an angeioleucitis, or a neuritis, or all three together, we are ready to admit that each or all of these affections may exist simultaneously with it. Such complicated cases are, as a matter of course, more unfavourable than the others, and they will necessarily require certain modifications in the line of treatment to be pursued.

It is certainly much easier to say what the disease is not, than what it really is; and we must frankly admit that its pathology is (in spite of the researches of numerous observers) still very far from being satisfactorily made out.

With respect to treatment, the only safe plan is minutely to examine all the phenomena of each case by itself, and, independently of any preconceived hypothesis as to its nature, to watch its progress from day to day, and to adapt our remedies to the symptoms as they develop themselves, always paying the greatest attention to the state of the uterus, and keeping in mind the peculiarities of the female system in the puerperal state. — *Medico-Chirurgical Review*.

ORGANIZATION OF PARIS HOSPITALS.

The organization of the Paris hospitals is justly considered, by all those who are acquainted with it, to be such as to render them far more efficient in relieving the wants of the poor, and in contributing to the advancement of science, than our own charitable institutions of a similar nature. But, howsoever we may admire the real charity displayed in their management, and the liberal spirit of their medical regulations; yet, on a close inspection, we find imperfections in the governing body which often nullify, to a certain extent, the very regulations to which we allude. The sources from whence the Paris hospitals derive their income are twofold; the rental of the private property belonging to the hospitals, amounting to £250,000, and a subsidy, or kind of poor-rate, furnished by the city of Paris, also amounting to £250,000. The entire management and control of

this income of half a million sterling, as also the nearly irresponsible government of the hospitals, is vested in a Board, or Council, composed, entirely, with one exception, of legal and civic functionaries. The Dean of the Faculty of Medicine is the one in whose favour an exception to this systematic exclusion of the medical profession has been made. Thus, in a body of sixteen individuals intrusted with the government of all the medical charities of a city, the population of which numbers at least a million of souls, the medical interests of the inhabitants of those charities, and the personal interests of those whose knowledge is called upon to alleviate their sufferings, are entrusted to a single physician, who, however willing, however energetic, generally finds himself powerless and alone amongst so many. The result of such an organization of the governing body may easily be imagined. The members of the Board, looking upon the medical functionaries of the hospitals as persons employed under them, adopt every possible means of making the physicians and surgeons as dependant as possible on the administration, every now and then reminding them, rather harshly, of their relative positions, if they become at all "meddlesome." Thus, in order to ensure more completely this dependance, and to prevent anything like violent opposition on the part of its medical subordinates, as it considers them, the Board has taken care to insert, as a clause in the nomination of the surgeons and physicians, although that nomination takes place by concours, that it will be renewed by the Board every five years, if the Board be satisfied with the previous conduct of the nominee. This clause is rarely, if ever, resorted to in order to sanction the dismissal of a medical officer; but the Board takes care to renew the nomination at the stated periods with sufficient solemnity to strike terror into the breasts of those who have any inclination to be "factious." The physicians and surgeons, therefore, are generally as submissive and silent a body as the Board could wish, each being individually afraid to advance, lest he should endanger his own safety.— Their equanimity has, however, been lately sorely put to the trial by a gross invasion of their rights, and their anger has at last got the better of their discretion.

The concours has now been adopted for many years, as the sole means of deciding the appointments of physicians and surgeons to the Paris hospitals.— The successful candidates at the concours constitute a kind of supplementary body, under the name of "Bureau Central," from which, in regular rotation, the vacant appointments are filled. As, however, when an appointment in one of the central hospitals becomes vacant, those who are already placed in the hospitals of the suburbs are entitled to take it, the young physicians and surgeons are nearly all at first located in the most eccentric hospitals, and only gradually arrive at the more desirable appointments, after a series of severe ordeals, and years passed in attending hospitals that are situated at a distance from town, at great personal inconvenience. Instigated, probably, by private influence more than by a desire to relieve suffering humanity, or to advance science, the governing Board has lately given to M. Guérin, the well-known orthopædist, several wards at the Hôpitaux des Enfants, to enable him, they say, to carry on his experiments in that branch of science. Unfortunately, M. Guérin does not belong to the hospitals, not being a surgeon of the "Bureau Central," nor is in any other way connected with the administration of the hospital. The Board has also given to M. Le Roy d'Étiolles, also well known to the profes-

sion by his writings on lithotrity, permission to give gratuitous advice to those among the poor who are affected with urinary diseases who apply for relief at the general receiving rooms of the administration. *Inde viâ*; the young surgeons who form the "Bureau Central," considering these appointments an invasion of their rights, and also an infraction of the concours system, first sounded the alarm, several energetic appeals, both to the medical and non-medical public, being made by them on the subject, through the medium of the press. The seniors of the profession have not, however, left them alone to defend the system to which they nearly all owe their professional eminence, and last week the "Gazette des Hôpitaux" contained the protestations of MM. Marjolin, Velpeau, Lisfranc, Berard, Laugier, and Ricord against the recent appointments.

It is impossible to say what will be the result of these energetic protestations, addressed, as they are, to a non-medical body, but we may nearly calculate on their inefficacy as regards any modification in the appointments which have already been made. It is, however, to be hoped that, seeing what a strenuous opposition the medical body makes to this infringement of their rights, the Board will hesitate again to incur the odium which attaches itself to such censures.

A remarkable feature in this contest is the great hostility shown by the Paris surgeons to "specialities." The admission which the "specialists" have obtained into the medical bodies by these appointments is universally deplored. This feeling is not peculiar to our brethren of Paris; for illustrious men of all ages have continually looked upon "specialism" in disease as nearly inseparable from quackery, and, generally in proportion as they have been supported by the public, they have been anathematised by the profession. In this instance we see that it is a non-medical Board which forcibly imposes "specialities" on the medical public; at the same time it is regretted that such really superior men as M. Guérin and M. Le Roy d'Etiolles should have placed themselves in the position which they at present occupy, by applying for, or accepting, appointments to which they are considered to have no claim.—*Loudon Lancet*, Oct. 21, 1843.

FUNGUS OF THE BRAIN.

At the Sheffield Medical Society, October 19th, 1843, Dr. Favell exhibited a specimen of fungous tumour of the brain. The subject of the disease was a sober, temperate man, aged forty, who had for several years suffered from epilepsy and occasional attacks of meningitis. About seven years ago the left eye became affected with strabismus, and for a short time before his death the whole of the left side of the body was paralytic. His chief complaints were severe headache and vertigo, and these symptoms were from time to time so much mitigated, as to enable him occasionally to follow his employment as a joiner. During his illness his wife had two confinements. The children were weakly, and both died a few months after birth. He never suffered from lowness of spirits; the intellect was not impaired, but his temper was particularly irritable and hasty.

The tumour, which presented the usual characters of medullary sarcoma, occupied a space of three inches in length, and about an inch and a half in breadth, along the outer surface of the right hemisphere, and occasioned a corresponding depression in the substance of the brain. It was very firmly

attached to the inner surface of the dura mater, and also to the superior surface of the arachnoid. The dura mater, in the neighborhood of the tumour, was intensely injected, as was also the arachnoid. The latter membrane was likewise greatly thickened. The substance of the brain on the right side, especially in the situation of the fungus, was considerably softened. The rest of the brain was healthy.

GRINDER'S LUNGS.

Dr. Favell exhibited—

1. A portion of the superior lobe of the left lung of a razor-grinder, who had died from pneumonia of the right lung, without having previously suffered from the usual symptoms of grinders' asthma. The portion shown was of a dark grey colour, and exceedingly dense, having the consistence of India-rubber. The under surface of the incised lung (where it was cut off from the rest) exhibited numerous small, dark-coloured bodies, like granulations.

2. A portion of lung from the body of a table knife-grinder. This specimen was exceedingly dark-coloured and dense, and had lost the usual structural appearance of pulmonary tissue.

3. Portions of lungs obtained from the body of a pen-blade grinder. The external surface was thickly studded with small black spots, about the size of currants. Similar bodies were also discovered in the internal structure of the lungs, and here and there they had aggregated so as to form large masses, which were very dense, and retained the impression of the knife when cut into. In the superior lobe, on the left lung there was a large hardened mass, about the size of a hen's egg, which exhibited, when incised, appearances similar to those already noticed. The branches of the vessels, arteries, veins, and bronchi, were considerably dilated, and the lining membrane of the latter much injected. There was slight emphysema at the edges of the lungs, and at the posterior surface of the inferior lobe. The bronchial glands were enlarged, and of a black color, and several of them contained calcareous matter.

4. A drawing, kindly executed by Dr. Branson, of the section of the lung of a fork-grinder, in which a hardened mass about the size of a pigeon's egg, being laid open, presented the appearance of pulmonary apoplexy.

STONE MASON'S LUNGS.

Dr. Favell also exhibited several sections of the lungs of a stone mason, in which small dark-coloured bodies, similar to those observed in the preceding case, were perceived both on the surface and within the structure of the lung. Several hard masses existed in different portions of the lung, especially in the superior lobe on the right side, which afforded an unusual degree of resistance to the knife, and very closely resembled, both in appearance and density, one of the specimens of grinders' lung. The edges of the lungs were emphysematous. A large cavity, with indurated edges, existed in the superior lobe of the left lung. The bronchial glands were greatly enlarged, indurated, and of a dark colour. Some of the branches of the bronchi were dilated, and the lining membrane injected.—*Prov. Med. Jour.*, Nov. 1843.

BOILS.

You cannot disperse them, even if you ought; you may try, therefore, to bring the boil forward by steaming; but you had better cover it with plaster, and attend to its source, and prevent others, by attention

to the stomach, by an emetic and alterative pill, and bitter infusion with alkaline solutions. When it looks ill, and exhibits a mass of corrupted cellular membrane, it should be dressed with digestive ointment and poulticed. To correct the disposition to them, after considering the state of the intestinal canal, give antimonials, and order the warm bath.—*Sir Charles Bell, from London Lancet.*

A CASE OF PREGNANCY WHILE THE UTERUS WAS EXTERNAL TO THE ABDOMEN.

BY M. PERFETTI.

A peasant girl, aged fifteen, after a violent effort, found a pain in the loins, which always increased after fatigue. Three years afterwards she perceived one day a round body, which projected from the labia pudendi, but repose and the horizontal position easily effected its reduction. She mentioned it to no one. She was married at twenty, and became pregnant two years afterwards. When she had reached the seventh month she felt great pain, on account of the pressure which the displaced uterus exercised on the neighbouring parts. The term of pregnancy having arrived, and the pains commencing, an ignorant midwife kept her for four days without employing any means for terminating her labour. M. Perfetti being at last called in, and seeing the uterus hanging out between the thighs, dilated the cervix uteri by means of two incisions of about sixteen lines long, one in the anterior lip, the other in the posterior. The accouchement and expulsion of the placenta were then accomplished without difficulty.

When the womb was emptied it was reduced. Then, inflammatory symptoms having disappeared under proper treatment, an elastic gum pessary was placed permanently in the vagina. For the last ten months she had no return of the prolapsus.—*Provin. Med. Journal, from Bulletin delle Scienze Mediche, and Gaz. Med.*

ANTAGONISM OF VARIOUS DISEASES.

Comparative Infrequency of Consumption and Typhoid Fever in marshy Districts.

BY M. BOUDIN.

M. Boudin has, we believe, succeeded in establishing the fact, that both phthisis and typhoid fever are extremely rare in marshy districts, that this infrequency depends on a kind of protective agency exerted by the marsh miasm, and that the immunity is always proportioned to the degree of *impaludation*. It had been shown by M. Chassinat that phthisis is much more prevalent among the galley-slaves at Toulon than at Rochefort; and that amongst the galley-slaves at Brest, also, the victims of that disease are nine times more numerous than at Rochefort, which is proverbially marshy. Having decidedly ascertained the influence of a marshy soil in the department of *Charente Inferieure*, M. Boudin wished to obtain certain data respecting the frequency of phthisis and typhoid fever in the marshy localities of *P. Ain*. For this purpose he wrote to several physicians, and especially to M. Nepple, from whose answer the following is an extract:—"For my part," says M. Nepple, "I have not the slightest doubt of the scarcity of phthisis in very marshy places, and this scarcity has always appeared to me to be in direct relation with the intensity of *impaludation*. Thus, whilst in the *communes*, situated in the midst

of the marshy country, there does not occur a single case of phthisis, we find the number of them constantly increasing in proportion as we recede from the marshes. So that, at a certain limit, we find tubercles and intermittent fevers co-existing; but under these circumstances, the endemic intermittent is but of little intensity.

"Thus, at Montreuil, phthisis is any thing but rare, though intermittent fever occurs annually, but the miasmata producing this fever, before they can reach the town, have to pass the distance of a quarter of a league, and their influence is slight, superficial, temporary, and purely productive of fever. The entire system is not influenced or modified in such a durable way by them as to oppose the development of tubercle. It is altogether different in the midst of the marshy districts."

The following is an extract of a letter from M. Picoud, of Bourg, on the same subject:—"After more than forty-five years of practice, I have never found a case in opposition to your observations. I have in vain taxed my memory and consulted my notes; I have not met with any trace of tubercular disease occurring in the marshy districts. Wishing seriously to come to a true decision, I have not depended on myself alone, but have consulted many of my colleagues, and especially Dr. Huldelet, who has been for a long time physician to the hospital, and who has an extensive practice in the country about Villard, Malieux, and other *communes* situated in the centre of the marshes; and he cannot bring to mind a single instance of phthisis occurring in those districts. I have remarked that the children of wealthy parents, who are sent from home to be educated, lose the benefit of the marshy country."—*Provincial Journal, from Gaz. des Hopitaux, September 2, 1843.*

FILARIE IN THE BLOOD OF A LIVING DOG.

MM. Gruby and Delafond communicated to the Academy of Sciences the discovery of the entozoa circulating in the blood of a strong and healthy dog. Physiologists have for a long time been aware of the presence of certain entozoa in the blood of reptiles and fishes, but this is the first instance in which they have been detected in the blood of a *living* mammal. It is of high importance to physiology, pathology, and natural history, to show not only the existence of worms in the blood, but also their circulation in this fluid, in the animals which come near to man in the scale of organization. These entozoa have a diameter of 0.003 millimetre, and a length of 0.25 millimetre. These bodies are transparent and colourless. Anterior extremity is obtuse—posterior or caudal extremity is terminated by a very slender filament. At the anterior part may be observed a little round depression, 0.005 millimetre long, which may be considered as the buccal fissure. Their motions are very active. Their life has been prolonged ten days after the blood has been taken from the vessels, and exposed to a temperature of 15° centigrade, or 59° Fahrenheit. They swim among the globules of the blood with great vivacity, exercising an undulating movement. MM. Gruby and Delafond found them in the blood taken from the coccygeal arteries, external jugular veins, capillaries of the conjunctive, mucous membrane, skin, muscles, and every where this liquid was found to contain them. The urine and other excrementitious matters did not contain them. The diameter of these entozoa being less than that of the blood corpuscles, enabled them to circulate through the capillary bloodvessels.—*London Medical Gazette, from Comptes Rendus.*